

**REGISTRATION FORM**

The Los Angeles Centralized Eligibility List (LACEL) connects low-income families with subsidized child care and development services as spaces and funding become available. By completing this form, you are registering on the LACEL. The information you provide determines your eligibility for subsidized child care and development services. Programs providing subsidized child care and development services search the LACEL for eligible families. When your family has been contacted for enrollment, you will have to document the information you provided on this form to make sure you are eligible before you enroll your child. **All information is confidential.** LACEL is administered by the Office of Child Care under the auspices of the Los Angeles County Child Care Planning Committee. For more information contact the Office of Child Care at (213) 974-1664 or visit the Web site at [www.childcare.lacounty.gov](http://www.childcare.lacounty.gov).

**PARENT/GUARDIAN # 1 INFORMATION (Must provide information on all adults in the household)**

Last name:	First name:	Primary language:
Street address:	City:	Zip Code:
Home phone:	Work phone:	Cell phone:
Are you currently receiving cash aid? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, have you received cash aid within the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES last date of cash aid payment: ____/____/____		

**REASON FOR NEEDING CHILD CARE (Check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Working (Employer's Name/Zip Code: ) _____                         | <input type="checkbox"/> Looking for Work                             |
| <input type="checkbox"/> Attending School or Job Training (Name of School/Zip Code: ) _____ | <input type="checkbox"/> Homeless/Seeking housing                     |
| <input type="checkbox"/> Medically Incapacitated/Disabled                                   | <input type="checkbox"/> Part-day preschool experience for child ONLY |
|   | <input type="checkbox"/> Migrant Worker                               |

**INCOME (Write total dollars, before taxes and deductions, for each source of income)**

MONTHLY INCOME	SOURCE	MONTHLY INCOME	SOURCE	MONTHLY INCOME	SOURCE
\$	Wages/salaries or income from self-employment	\$	Spousal Support	\$	Food Stamps
\$	Social Security Benefits	\$	State Disability	\$	Unemployment benefits
\$	Worker's Compensation	\$	Child Support	\$	Pensions/Annuities
\$	State Supplemental income	\$	Adoption Subsidies	\$	Cash Aid (children only)
\$	Other:	\$	If you <u>pay out</u> child support, how much is it per month?		

**PARENT/GUARDIAN # 2 INFORMATION**

Last name:	First name:	Primary language:
Home phone:	Work phone:	Cell phone:
Are you currently receiving cash aid? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, have you received cash aid within the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES last date of cash aid payment: ____/____/____		

**REASON FOR NEEDING CHILD CARE (Check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Working (Employer's Name/Zip Code: ) _____                         | <input type="checkbox"/> Looking for Work                             |
| <input type="checkbox"/> Attending School or Job Training (Name of School/Zip Code: ) _____ | <input type="checkbox"/> Homeless/Seeking housing                     |
| <input type="checkbox"/> Medically Incapacitated/Disabled                                   | <input type="checkbox"/> Part-day preschool experience for child ONLY |
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\$	State Supplemental income	\$	Adoption Subsidies	\$	Cash Aid (children only)
\$	Other:	\$	If you <u>pay out</u> child support, how much is it per month?		

CHILDREN LIVING AT HOME (All children in the household under 18 or under age 22 if disabled)							
#1. First Name _____ Last Name _____				#2. First Name _____ Last Name _____			
Birth date: _____		Gender: M F		Preferred Zip codes for care: _____		Birth date: _____ Gender: M F Preferred Zip codes for care: _____	
Care Needed: (Check all schedules that apply) <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> NONE				Care Needed: (Check all schedules that apply) <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> NONE			
Child School Name / Grade: _____			District: _____	Child School Name / Grade: _____			District: _____
IF CHILD IS IN CHILD PROTECTIVE SERVICES PLEASE COMPLETE HERE				IF CHILD IS IN CHILD PROTECTIVE SERVICES PLEASE COMPLETE HERE			
Foster Care Payments		Social Worker's Name		Contact Number		Case Number	
\$ _____		_____		_____		_____	
At Risk of Abuse, Neglect or Exploitation? (Must have a referral) <input type="checkbox"/> Yes <input type="checkbox"/> No			List related siblings in the same household: _____	At Risk of Abuse, Neglect or Exploitation? (Must have a referral) <input type="checkbox"/> Yes <input type="checkbox"/> No			List related siblings in the same household: _____
Referred by: _____				Referred by: _____			
"Parents" Relationship To This Child: <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> Adoptive <input type="checkbox"/> Other: _____				"Parents" Relationship To This Child: <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> Adoptive <input type="checkbox"/> Other: _____			

#3. First Name _____ Last Name _____				#4. First Name _____ Last Name _____			
Birth date: _____		Gender: M F		Preferred Zip codes for care: _____		Birth date: _____ Gender: M F Preferred Zip codes for care: _____	
Care Needed: (Check all schedules that apply) <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> NONE				Care Needed: (Check all schedules that apply) <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> NONE			
Child School Name / Grade: _____			District: _____	Child School Name / Grade: _____			District: _____
IF CHILD IS IN CHILD PROTECTIVE SERVICES PLEASE COMPLETE HERE				IF CHILD IS IN CHILD PROTECTIVE SERVICES PLEASE COMPLETE HERE			
Foster Care Payments		Social Worker's Name		Contact Number		Case Number	
\$ _____		_____		_____		_____	
At Risk of Abuse, Neglect or Exploitation? (Must have a referral) <input type="checkbox"/> Yes <input type="checkbox"/> No			List related siblings in the same household: _____	At Risk of Abuse, Neglect or Exploitation? (Must have a referral) <input type="checkbox"/> Yes <input type="checkbox"/> No			List related siblings in the same household: _____
Referred by: _____				Referred by: _____			
"Parents" Relationship To This Child: <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> Adoptive <input type="checkbox"/> Other: _____				"Parents" Relationship To This Child: <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> Adoptive <input type="checkbox"/> Other: _____			

CHILDREN WITH SPECIAL NEEDS, DISABILITIES OR MEDICAL CONDITIONS				
Check all that apply for each child listed above	CHILD # 1	CHILD # 2	CHILD # 3	CHILD # 4
Child has Individual Family Services Plan (IFSP) (age 0-3)				
Child has an Individual Education Plan (IEP) ages 3 and older				
Receives Early Start/Regional Center services				
Receives services from local school district (special education)				
Developmental delays (cognitive, autism, Down syndrome, etc.)				
Developmental delays (physical motor)				
Social/Emotional delays or behavior				
Physical disability (cerebral palsy, spinal bifida, orthopedic limitations, etc.)				
Health/medical (asthma, diabetes, other _____)				
Speech/language/communication				
Hearing/vision				